

79 / 582230

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	3 1 7
2	13 9 22
3	01 02 03
4	✓
5	✓
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47	✓
48	✓
49	✓
50	✓

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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